Revis	ion:	HCFA-	PM-91- 1991	(BPD)	ATTACHMENT 4.18-D Page 1 OMB No.: 0938-	
			STA	TE PLAN UN	DER TITLE XIX OF THE SOCIAL SECURITY ACT	
			State/	Territory:	COLORADO NOT APPLICABLE	_
			Premi	ums Impose	d on Low Income Pregnant Women and Infants	
(	categ	orical	ly needy	/ pregnant	to determine the monthly premium imposed o women and infants covered under section d (B) of the Act:	n optional
1	NOT A	PPLICA	BLE			
	ayme	nt, no	tificati	ne billing ion of the of premium	method used is as follows (include due dat consequences of nonpayment, and notice of payment):	e for premium procedures for
					•	
	•					
* Des	cript	ion pr	rovided	on attachm	ent.	
TN No Super TN No	sedes	92 NEU			Approval Date 4 14 92 Effective	Date <u>10/1/91</u>
				<del></del>		HCFA ID: 7986F

P	ion:	HCFA-PN	1-91- 1991	(BPD)		ATTACHMEN Page 2 OMB No.:		
			STATE	PLAN UNDER	TITLE XIX	OF THE SOCIAL	SECURITY ACT	
			State/To	erritory: _	COLOR	ADO		
					NOT A	PPLICABLE		
С.	State	or loca	1 funds	under other	programs	are used to pa	y for premiums:	
		Yes		<u>/X</u> /	No			
D.	The co	riteria se it wo	used for uld caus	determinin e an undue	g whether hardship (	the agency wil on an individua	l waive payment l are described	of a premium below:
► De	escript	ion pro	vided on	attachment				
IN I	ersedes	92-4 Jew		App	roval Date	4/14/92	Effective	Date <u>10/1/91</u>
								HCFA ID: 7986